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ABSTRACT

Simulation and audiovisual methods of modifying attitudes of 95 nondisabled elementary students toward the disabled were evaluated. The simulation group wore black eye coverings and performed tactile tasks, while the video-audio group observed a presentation entitled How Do You Feel About People with Disabilities? Analysis of pre- and posttest measures of attitudes and anxiety indicated that the simulation procedure was more effective in producing positive attitude change and in reducing anxiety. The video-audio treatment actually produced a negative attitude change. It is suggested that the approach may have reinforced Ss' previous fear responses. (CL)

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THE MODIFICATION OF STUDENTS'
ATTITUDES TOWARD DISABLED PERSONS

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BACKGROUND

The purpose of this study was to determine the effect of attitude change strategies on the measured attitudes of non-disabled students toward disabled persons.

A basic assumption underlying the study is that many of the problems of the physically and mentally disabled are problems of stigma, and not physical limitation, per se. The attitudes of others is pervasive in issues concerning those with mental, developmental, physical and sensory handicaps or impairments. The effect of the non-disabled person's attitude toward disabled persons may often be to prevent disabled individuals from achieving their maximum ability.

One of the purposes of Public Law 94-142, (The Education of All Handicapped Children Act of 1975), is to counteract the negative attitudes that have existed toward handicapped students. The law requires that states assure, "to the maximum extent appropriate", that handicapped children be educated with non-handicapped students (Section 612 (5) B). This process has been called either "progressive inclusion", "normalization", "mainstreaming", or providing the "Least Restrictive Environment".

There are two basic assumptions underlying the inclusion principle. First, it is assumed that the educational development of handicapped students will be superior if they are mainstreamed. There has been extensive, yet inconclusive, research concerning this first assumption. The second assumption is that inclusion is viable for the social

adjustment needs of the special students. Although there is little research along these lines, the position taken by many investigators is that social adjustment factors have a direct impact on the effects of instruction. According to Johnson (1981), constructive student-student relationships are probably an absolute necessity for maximal achievement, socialization, and healthy development. Integration, it is believed, will provide the peer models and social reinforcements to assist the special student in developing his/her fullest potential. Both assumptions are based on the belief that the integrated student will find a tolerant and hopefully accepting atmosphere, yet the research of attitudes toward the handicapped by the non-handicapped may point to an opposite conclusion.

Research in rehabilitation psychology has produced empirical evidence that disabled persons are stigmatized in our society. Although only a minority of non-disabled people may express negative attitudes toward the disabled, the un verbalized attitudes of the non-disabled toward disabled persons are frequently hostile. Disabled persons appear to be treated as a non-popular minority group and are viewed as sharing the attributes of other underprivileged groups in society. Correlations have been shown between negative attitudes toward disabled persons and prejudice toward racial, religious and national groups and social class (Chesler, 1965; Lukoff and Whiteman, 1963).

Evidence of the negative effects of prejudice toward the disabled have been noted in the literature. The effects may be seen in problems of communication between non-disabled and disabled persons, social interactions between disabled and non-disabled persons, self-devaluation of disabled persons, as well as by the unwillingness of employers to hire

disabled persons. It appears that this prejudicial treatment toward disabled persons is most damaging in close interpersonal and business situations.

Attitudes held toward the disabled can only be understood in a broader social-psychological framework. Siller (1976b) has emphasized that a wide variety of factors may enter into determining any particular interaction between a disabled and a non-disabled person. As he stated:

Thus, in any situation, personality, socioeconomic and cultural background, religion, prior experience, specific contextual elements and the like play a role. For one person antipathy toward disabled may be rooted in profound personality dynamics, such as those suggested by the notion of castration anxiety, while for another social learning or religious belief may be crucial factors in acceptance or rejection.¹

Various definitions of attitudes have been stated in the literature. Attitudes may be viewed along an affective dimension involving favorable or unfavorable evaluation of objects, rather than implying overt behavior. An attitude may be considered as a non-fluctuating affective response to an object or a tendency to evaluate an object in a certain way. Attitudes generally refer to a disposition to act, an evaluative response, an affective dimension, a drive-producing response, or a combination of two or more of these tendencies.

Some theorists divide the attitude construct into three components--affect (emotions), cognitions (thinking), and tendencies to act (behavior).

¹Jerome Siller, "Psycho Social Aspects of Physical Disability," in J. Meislin (Ed.), Rehabilitation Medicine and Psychiatry (New York. CC. Thomas, 1976), pp. 476-477.

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The literature suggests that attitude formation can be inferred from observing how consistently an individual feels about or acts toward another. The evaluative emotions and behaviors are related to one's cognitions concerning the object of the attitude. He terms the evaluation component as being affective, the categorization component as cognitive, and the action component as behavioral. Formulated attitudes function to assist individuals in organizing and simplifying an environment. Applying these concepts to the non-disabled person's attitudes toward the disabled, one could expect the person to categorize disabled people as different (cognitive), report feelings of uneasiness (affective) and as a result avoid contact with disabled individuals (behavioral).

Attitude Change Toward the Disabled

Over the years there have been a number of studies dealing with attitudes of the non-disabled toward specific kinds of physical disabilities, as well as studies dealing with personality correlates of those attitudes. In general, the studies may be classified into four areas. These areas include studies in which attitudes toward disabled persons have been modified by:

1. Affective component intervention
2. Cognitive component intervention
3. A combination of affective and cognitive component intervention
4. Psycho-social or instrumental approaches

In summary, it appears that frequent contact with a person or group is likely to produce more favorable attitudes if the contact is:

1. Between status equals in pursuit of common goals
2. Perceived as instrumental to the realization of a desired goal value
3. With members of a higher status group

4. Among status equals where the basis of status is unquestioned
5. Volitional
6. Selected over other rewards

The amount of contact, per se, increases the intensity of the attitude, but does not increase positiveness unless it is accompanied by (a) enjoyment of the contact and (b) perceived voluntariness of the contact. Mere exposure does not appear to create attitudinal effects. Indeed, a number of studies tend to indicate that the nature of the contact with disabled people is as important as the contact itself.

A number of statements may be made about the literature reviewed. Attitude research and theory have typically considered such factors as personality, socioeconomic and cultural background, and religion to be important correlates of attitudes toward disabled persons.

Many studies indicate that discomfort is experienced on the part of non-disabled persons when they are exposed to disabled persons in an interaction situation, or exposed to objects associated with disabled persons. The more discomfort the greater the social distance. Manus and Manus (1973) have found the discomfort to be inverse to the perceived need for help by handicapped persons; if "much help" is perceived as needed, attitudes are described as "negative". Non-disabled persons tend to overlook the positive coping aspects of disabled persons and emphasize the negative features of their conditions. According to the literature, this discomfort may be related to personality dimensions, uncertainty as to how to act, lack of spontaneity, a feeling of strangeness of the relationship, gender or anxiety.

Anxiety As A Factor In Attitudes Toward Disabled Persons

A number of studies tend to support the theory that anxiety may be a construct which explains the acquisition and/or modification of attitudes toward the disabled. Such studies have attempted to link a concept of generalized anxiety to measures of attitudes toward the disabled.

According to the literature, fear and avoidance of physically disabled persons is not unusual. Avoidance of disabled persons by non-disabled people may come from the following beliefs derived from two unconscious mechanisms:

1. The belief that a handicap is an unjust punishment, and that the disabled person is out to commit a detrimental act to counteract the injustice, and
2. The belief that a handicap is a punishment and a disabled person is evil and dangerous.

Siller (1976) believes that part of the psychoanalytic basis for the negative and aversive reactions to the disabled stem from latent fears of castration. He cites two studies which found correlations between castration anxiety and attitudes toward blindness.

According to some experimental interpretations of neurotic behavior, anxiety is a conditioned response which is painful to the organism. Basically, fear or anxiety is viewed as a classically conditioned response (CR). The conditioned fear drive may have been established in a traumatic situation, and the acquired anxiety drive (CR) continues to support avoidant responses which allow the individual to escape from the fear-provoking situation in subsequent occasions.

It has been theorized that the response to a given situation is frequently determined not by the nature of the situation itself, but rather by the individual's interpretation of that event. In other words, if an individual labels a situation as dangerous, he/she will take whatever steps are necessary to escape or avoid the potential negative consequences associated with the situation. The individual's conceptualization may be completely appropriate i.e., it is a dangerous situation, or it may be mislabeled i.e., the situation may actually be harmless.

The conditioning interpretation would be applicable to attitude formation. At some point the non-disabled person could have been frightened by the physical appearance of a disabled person, or could have felt that disabled persons were looked upon as being different or unwanted. He/she may also have fears about becoming disabled. Whatever the basis, the unconditioned response phase may be anxiety or discomfort.

Another attempt to conceptualize the formation of attitudes toward the disabled, using anxiety as a mediating construct, has been presented by the U. S. Research Utilization Branch (1970):

One way to conceptualize the formation of attitudes toward the disabled (useful but over-simplified) is as follows: the disabled person is a stimulus → perceived by the non-disabled → whose own qualities then intervene to influence his picture of an emotional response to the disabled person → this response is at first filled mostly with anxiety → items of "information" and beliefs about the person and his disability then modify the anxious feeling into an attitude, which becomes a way of dealing

with that anxiety → after which we behave in certain ways toward the disabled as dictated by our attitudes.²

Thus, we go from perception to sheer feeling to more specific feeling to attitude to behavior. All too often, the fateful choice when it comes to behavior is to exclude the handicapped person from job or friendship. We therefore need interaction guidelines on how to open up and maintain natural relationships with the disabled.

In this study, disability simulation was the device that enabled the student to represent the functioning of disabled persons and experience the phenomena likely to occur in actual disability. It was theorized that by simulating blindness, the handicapping condition viewed as the most disastrous (Siller, 1976), the non-disabled person will achieve a lower level of anxiety and discomfort toward disabled persons and will, therefore, view them as less unpleasant and abnormal.

The literature was unclear as to the benefits of video treatments in changing attitudes toward the disabled. Therefore, simulation via video-audio was tested. While some theorists consider the video strategy as an effective mechanism in moving students from an affective to a cognitive awareness, others believe that due to non-involvement, the affect generated is not sufficient to lead to cognitive growth (Hughes, 1977).

This study investigated whether there was any differentiation between students' attitudes toward disabled persons when exposed to various change strategies.

² United States Research Utilization Branch, *The Structure of Attitudes Toward the Disabled*, Vol 4, Number 6, (Washington, D.C. : Division of Research and Demonstration Grants, Social and Rehabilitation Service, Department of Health, Education, and Welfare, December 15, 1970), p. 2.

Specifically,

1. Do different change strategies affect the attitudes of students toward disabled persons?
2. Do different change strategies affect the anxiety level of students?

Method and Procedures

A quasi experimental design was utilized due to the lack of random selection of subjects. The manipulated independent variable consisted of two treatments, (1) a disability simulation treatment and (2) a video tape strategy treatment. The two dependent variables were:

1. Attitudes - As measured by subjects' scores on two measures:
 (1) Disability Factor Scale, Form G., developed by Jerome Siller; and (2) The Attitude Toward Disabled Persons, Form O, developed by Harold Yuker.
2. Anxiety - As measured by subjects' scores on an anxiety scale, The Multiple Affect Adjective Check List, developed by Zuckerman and Lubin.

Subjects were 95 elementary school students enrolled in the sixth grade in a school district located on the north shore of Long Island, New York. The total population is 99% white, 1% hispanic and black.

Of the 95 subjects in the experiment, 51 were male and 44 were female. The range was 11 years 3 months to 12 years 8 months with the median age 11 years 11 months.

Intact groups of classes were assigned to different conditions. There were 32 subjects in the simulation condition, 31 subjects in the video-audio condition and 32 subjects in the control condition. Three subjects' scores were removed from data analysis because of incompleting questionnaires, two because of absence.

One week prior to the treatment sessions, pretest measures on attitudes and anxiety were administered. Although instructions were printed on the tests, the researcher also read them aloud in order to minimize subjects' differentiated reading abilities, and answered any questions that arose.

The simulation treatment experimental group wore black eye coverings to simulate blindness and performed tactile tasks. i.e., make a peanut butter and jelly sandwich. The video-audio treatment group observed a presentation entitled How Do You Feel About People With Disabilities?

The presentation, which is part of a curriculum package for use in school settings, is intended to help children understand and become sensitive to the similarities and differences of all people. The material was produced with Federal financial assistance available under P.L. 91-517, in accordance with the Massachusetts State Plan for Services and Facilities for the Disabled.

All subjects in the experimental groups were posttested on the dependent variables immediately after the treatment session.

A control group received pre-test and posttest measures one week apart, without any intervening treatment.

Results

An analysis of covariance was utilized to test the significance of the differences between the means of the treatment groups after taking into account the correlation between the dependent variables. In order to interpret the output of the analysis of covariance, the individual group regressions must be homogeneous with the overall regressions. The F ratio testing the regression lines was thus computed prior to

further analysis. After a significant overall F indicated some difference among the groups, the hypotheses were further tested with Scheffé Comparisons.

Overall, the data indicated that there was a differentiation between students' attitudes toward disabled persons when exposed to various attitude change strategies. Specifically:

1. Simulation proved more effective in changing attitudes in a positive direction toward disabled persons than an audio-video strategy.
2. Simulation proved more effective in the modification of anxiety than did an audio-video strategy.
3. The data further suggests that a negative attitude change took place toward disabled persons for the audio-video treatment group.

The significant change in attitudes toward disabled persons for the simulation strategy group is consistent with earlier findings from psychosocial interventions in the modification of attitudes toward disabled persons (Clore and Jeffery, 1972; Cautela, Walsh and Wish, 1971). Lending support to the relationship between attitude and anxiety, the findings may also be attributed to the significant change in anxiety which took place for the simulation strategy group. Simulation appears to be effective in reducing anxiety and fostering attitudinal change.

One difficulty in interpreting the video-audio results is due to the nature of individuals' attitudes toward disabled persons which are themselves complex. One possible explanation for the negative

attitude change may be due to the increase in anxiety level which was found for the video-audio experimental group. The data tentatively lends support to previous research which has demonstrated that high anxiety correlates with negative attitudes toward disabled persons.

The present video-audio findings also support research by Janis and Feshbach (1953). They found that when communication touches an intense feeling of anxiety, the listener will sometimes fail to pay attention to what is being said. The Janis and Feshbach findings indicate that inclusion of fear arousing material not only failed to increase the effectiveness of the communication, but actually interfered with its overall success. It is possible that in the present study, the video-audio presentation reinforced previous fear responses.

Future Implications

While some new knowledge has been gained in this investigation, other sets of questions remain to be answered. This research was successful in demonstrating that the attitude change strategy of simulation is an appropriate approach to modifying anxiety and attitudes toward disabled persons. Administrators and teachers should recognize the influence of various attitude change strategies upon non-disabled students' attitudes toward disabled persons. Wherever disabled students are being educated with non-disabled students, attempts should be made to counteract the non-disabled students' fears and negative attitudes toward the disabled persons. Indeed, non-disabled students attitudes toward disabled peers cannot be assumed to be positive in all situations.